INTERAMERICAN UNIVERSITY OF PUERTO RICO, METROPOLITAN CAMPUS
CARMEN TIBURCIO SCHOOL OF NURSING

SYLABUS

I. COURSE: Nurs. 4911 Integrated Practice I
CREDITS: Three credits (6 hrs. lab. per semester; 8hrs per trimester)
REQUISITES:

II. Course Description:

Application of the nursing process as a set of tools for the professional with emphasis in the diagnostic and therapeutically reasoning when making professional intervention decisions. Intervention utilization with the different levels of prevention when managing human responses in situations of health-illness prevalence. Emphasis in the integrated application of the principles and concepts of communication, health education, legal ethics, investigation, leadership and management. Requisites: NURS 3110, 3120 and 3130. Concurrently with NURS 3140 and 3190.

Requires a total of 45 hours of clinical practice with the pediatric client and 45 hours with the adult client en different settings.

III. Terminal Objectives
In the professional practice with clients through different life cycles, in a variety of health care settings, the student...

1. Apply diagnostic and therapeutical skills in the continuity of care of the patient with the different life cycles to maintain integral functionality.
2. Apply and individualize safe and effective therapeutical interventions based on evidence, focused on prevention standards for diseases, promotion, maintenance and rehabilitation in the continuity of care throughout the client’s different life cycles.
3. Apply investigation and professional literature for the continuous improvement of patient care with prevalent health situations which require multiple resources and services to maintain an integral functionality of the client in different life cycles.
4. Communicate effectively written and orally with the clients and other health providers to influence positively patient care and evidence best care practices.
5. Serve as an advocate for the client taking into consideration family, cultural background and ethical and legal standards to preserve the human dignity of the clients.
6. Demonstrate leadership and management skills when offering effective care:
   - Coordinating client group care balancing costs and quality.
   - Maintaining an effective team work to offer efficient and proper care.
   - Advocate for planned changes to meet health results goals.

IV. Content and Terminal Objectives

<table>
<thead>
<tr>
<th>Content</th>
<th>Terminal objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing process: diagnostic and therapeutic reasoning</td>
<td>1. Apply diagnostic and therapeutical reasoning skills for the continuity of patient care through life cycles to maintain an integral function.</td>
</tr>
<tr>
<td>-nursing process</td>
<td>2. Conducts a relevant assessment relevant to the health situation that the patient presents (focalized).</td>
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<tr>
<td>-standard language</td>
<td>3. Determines tendencies for health improvement, when comparing the actual data of the client with the previous collection and accepted standards.</td>
</tr>
<tr>
<td>-assessment instruments for integral performance estimate of the person -focalized assessment</td>
<td>4. Establishes a relevant relation of the key fundamental data of scientific knowledge.</td>
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<td></td>
<td>5. Formulates the functionality or dysfunction of one or more patterns with key data.</td>
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<td></td>
<td>6. Formulates upon factors or patterns of risks.</td>
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<td></td>
<td>7. Establishes diagnostic conclusions validated from the collection and analysis of data.</td>
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<td></td>
<td>8. Utilize standard nursing language: NANDA</td>
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<td></td>
<td>9. Established priorities using the accepted quality, client satisfaction guidelines and according to available resources.</td>
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<tr>
<td></td>
<td>10. Determines the expected results that reflect the expected answers to the performed interventions.</td>
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<td></td>
<td>11. Established evidence indicator to obtain the expected health results</td>
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<td></td>
<td>12. Determines nursing interventions according to expected results, cost effectiveness and scientific validation.</td>
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<td></td>
<td>13. Determines specific and individualized nursing activities according to the client’s situation.</td>
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<td></td>
<td>14. Re-assesses patient for evaluation and expected results purposed, including the client and family.</td>
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<tr>
<td></td>
<td>15. Integrates modifications to the plan according to the results of the evaluation.</td>
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<td></td>
<td>16. Uses standard nursing language: NIC, NOC</td>
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<td></td>
<td>17. Demonstrates auto-reflection, auto evaluation and continuous application of the following critical</td>
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<tr>
<td>NIC: (6650) Clinical surveillance</td>
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</table>

- Incorporates cultural mediation as a communication tool with care providers.
- Use JCAHO guide of non accepted abbreviations for documentation.
- Defines patient’s response to regular care intervals during the course of care; and when significant changes occur.
- Selects appropriate indicators for continuous monitoring (clinical assessment) based on the patient’s state of health.
- Establishes frequency to estimate data and the interpretation according to the patient’s state of health.
- Detects deterioration or improvements on the state of health interpreting results.
- Prioritizes actions according to the patient’s state.
- Initiates management to maintain parameters within the normal limits.
- Teaches actions to maintain auto-monitoring.
- Facilitates interdisciplinary services and follow up.

18. Apply investigation findings and professional literature for continuous patient improvement and care with prevalent health situations which require multiple resources and services to maintain the person’s integral functionality throughout the different stages and life cycles.

1. Uses clinical guidelines and best practices of fundamental care with valid and current knowledge.
2. Evidence integration of technology and information with client care and professional clinical preparation.
3. Evidences the use of scientific literature and investigation, to fundament diagnostic and therapeutic reasoning to support conclusions and beliefs.
4. Applies current clinical knowledge to health problems of patients with high risk incidents and prevalence through the different cycles of life.

19. Communicates written and orally effectively with the clients and other care providers to influence positively patient care and evidence best practices of care.

1. Uses therapeutic communication techniques with all client/family/other interactions. Such as: ask open questions, listen, demonstrate empathy, permits emotional expressions, observe and interprets body language, stimulates the patient to ask questions and obtain feedback.
2. Uses terminology understood by the patient and family according to the health alphabet level.
3. Educates the patient to involve himself with self care.
4. Stimulates patient to consult with doubts or concerns with any aspect of the care offered and makes use of the health professionals as a source of information about their condition and treatment options.
5. Use JCAHO guide of non accepted abbreviations as a guide for documentation.
6. Follows the established clinical guidelines of the institution for verbal order abbreviations, labeling, documentation and critical value alerts.
7. Communication is complete, clear, brief and timely.
8. Uses SBAR as a communication tool with care providers.

NIC: (7920) Documentation

9. Documents accurately relevant data; assessment, educational needs, nursing diagnosis, collaborative and validation problems, relevant nursing interventions, patient/family responses, care plans, quality standards and clinical guidelines, continuous monitoring and or deviations from expected result care.
10. Reports all entries as soon as possible.
11. Writes objective, clear and exact notes.
12. Uses professional vocabulary and good orthography.

20. Advocates humanitarian attention for the client considering the family, cultural background and ethical and legal standards to preserve patient dignity.

NIC 7330 Cultural mediation

1. Determines values, beliefs and cultural practices which influence health behavior.
2. Promotes cultural differences and similarities.
4. Promotes education/information to family members.
5. Incorporates culturally sensitive interventions and preferences, values and patient/family priorities.
6. Communicate these cultural uniqueness to the team for follow up.
| Cultural and human values of the patient and family. Incorporates ethical-legal concepts. Focuses on spiritual care. | **NIC: (5420) Spiritual support**
9. Stimulates religious participation according to patient’s beliefs.
10. Facilitates resources for spiritual support.
11. Facilitates practices and expressions such as meditations, prayers and other as spiritual support. |

| Therapeutical interventions focused on professional performance: | **NIC: (2300) Administration of medications** (security emphasis and evaluation component)
1. Monitors in patients: SV and pertinent diagnostic tests, before the administration of medication.
2. Monitors patient’s therapeutic actions, adverse effects, toxicity and possible medication interactions.
3. Uses procedures, applicable institution protocols when administering and following up.
4. Offers patient-family care education, before, during and alter therapy.
5. Documents medication error prevention strategies focused in adult and pediatric security. |

| NIC: (7370) Discharge planning. | **NIC: (7370) Discharge summary**
6. Identifies teaching needs for follow up alter discharge.
7. Develops a plan to attend to these needs.
8. Collaborates with the doctor and other providers to assure a timely discharge.

| NIC: (5606) Patient education process | **NIC: (5606) Patient teaching: adult and pediatric**
10. Assesses factors that influence learning and level of health literacy teaching.
11. Focus and prioritizes patient/client concerns, interests and specific needs.
12. Identifies learning objectives, considering mutual and realistic goals.
13. Appropriate patient education objectives, culture, values, level of growth and financial capacity strategies.
14. Evaluates if the objectives were achieved after every teaching session.
15. Refers or contacts patient/client with other sources that can assist or follow up.
17. Provides sources to improve health literacy.
18. Orient patient to make three key questions of [www.AskMe3.org](http://www.AskMe3.org) |

| NIC (8272 ó 8274) Promote child or adolescent development - growth and development tasks -immunization | **NIC (8272 ó 8274) Promotes child/adolescent development**
19. Identifies special health needs or problems relevant to their stage.
20. Provides health guides, appropriate immunizations and expected development outcome according to age.
21. Facilitates client or parent decision making to promote development and health.
22. Monitors expected values of diagnostic tests and treatment within appropriate timing.
23. Refers to resources for follow up, group support and other related communities. |
### Leader/health manager - Care coordination:
Case management health organizational methods of care
NIC: (7830)
Personnel supervision
NIC: (7650)
Delegation

**Effective team work**
- Skills and leadership styles and management
  - TeamStepps Model
- Personal leadership

**Conflict management**

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**Planned changes; total quality, continuous quality improvement, Management process: quality control**
- Group dynamic
- Meeting management
- Quality improvement
- Patient security national goals.

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22. **Will demonstrate leadership and health manager skills effectively:**
   - **Coordinate group patient care to balance costs and quality.**

**NIC: (7830) Personnel supervision**
1. Uses problem solution skills according to the situation.
2. Uses motivational strategies to maintain enthusiasm within subordinates.
3. Shares evaluation methods or tools with team.
4. Advises how to improve performance with supervised personnel.
5. Starts corrective actions appropriately.
6. Established a time frame for desired behavior changes.
7. Understands the importance of managing resources and the delegation process as a skill in a leader when working in a team.
8. Evaluates tasks delegated according to personnel competencies and training.
   - a. Explains delegated tasks and makes sure they were understood.
   - b. Follow ups on a regular basis to evaluate the progress of delegated tasks.
   - c. Discusses privately the results.
9. Obtains information for concerns in regards to patient care, work environment and other relevant areas.
   - **Maintain effective team work that will offer efficient and appropriate care.**
10. Behavior is distinguished with the characteristics of a leader which allow effectiveness and influence, such as sociability, kindness, very high ethical consciousness, emotional stability and open to experiences.
11. Displays expected behavior of a leader within a team, such as: conscious of a contextual situation, effective communication, mutual support environment, effective delegation and expected role model behavior from peers.
12. Combines leadership style and management according to the situation. (Authoritarian, democratic, permissive, managerial, goal oriented, support, participation, task oriented, relations, etc.)
13. According to the purpose and the different types of meetings (brief, huddle, debrief), as stated in the TeamStepps model, facilitates sharing information with members of the team.
14. Promotes collaboration with members of the work team.
15. As a leader and clinical personnel communicates and places patient security as a team work goal.
16. Implements actions to protect the members of the team from situations that can increase risk errors and reduce effectiveness, such as: work overload, fatigue associated with personal or work causes, clinical incompetence, distractions and others.
17. Demonstrates responsibility and commitment with the team’s purposes.
18. Maintains a leader-student vision within the group and in the assigned area.
19. Auto-evaluates competencies and areas of improvement.
20. In conflictive situations:
   - a. Uses problem solution methods, shared decision making.
   - b. Uses effective communication strategies in moments of conflict (CUS, DESC-IT, assertive declaration)
   - c. Maintains respect, common sense and moderation with interpersonal relationships.
   - d. Asks for expert help, professor.
   - e. Maintains in perspective the group’s goals.

**Advocates for planned changes which will permit superior health result achievements.**
**NIC: (7800) Quality monitoring**
21. Identifies areas of opportunities, using quality practice and care standards.
22. Collects and analyses data using appropriate methods.
23. Uses pre-established quality expected indicators for revisions as needed for appropriate changes.
24. Interprets the implications and trends for quality improvement.
25. Recommends changes to the practice based on results and consults with involved personnel to develop action plans.
V. TEACHING STRATEGIES:
1. Assigns patients.
2. Selection of patients in the different stages of growth and development.
3. Selection of situations and health problems that have a high incidence in PR, pertinent to the stage of growth and development of the patient.
4. Assignment of nurse/preceptor in the practice area.
5. Rotate in the different practice scenarios of adult and children/adolescent patients.
6. Designate leaders in case management cases and peer supervision.
7. Develop a clinical portfolio as the course develops.
8. Work in small groups to develop quality monitoring.
9. Pharmalogical study on High Alert Medications and their relation with the assigned patients condition and response.
10. Utilization of the web to educate patients.

VI. TEXTO BOOKS: (Previously used in the program):
2. Ignatavicius D. And Workman, L..(2006) Medical-Surgical Nursing: Critical Thinking for Collaborative Care, W.B. Saunders Co
6. Leadership Roles and Management Functions in Nursing, Marquis, B L y Huston, C, Lippincott Williams & Wilkins, 2006,

VII. SPECIAL NOTES

Auxiliary Services or Special Needs
Any student that requires auxiliary services and/or special assistance must request it as soon as he/she knows he/she needs it. This request must be submitted through the proper registry at Mr. José Rodríguez, Office of Professional Counseling, located at the Program of University Counseling.

Honesty, Fraud and Plagiarism (Chapter 5, Student’s Regulations Manual)
Lack of honesty, fraud, plagiarism and/or any other inadequate conduct related to the academic performance of the student will constitute major infractions of the Student’s Regulations Manual. According to the Regulations, major infractions can be sanctioned by the student’s suspension from the University for a definite time defined by “over a year” or expelled permanently, among others.

Electronic Devices
All cellular phones and any other electronic devices that might interrupt the learning and teaching process or alter the environment that conduces to academic excellence must be deactivated. Special situations must be taken care of, accordingly. The use of electronic devices that allow access, storage or sending of information during evaluations or tests is prohibited.

VIII. EVALUATION STRATEGIES
1. Approves satisfactorily the pharmacological examine given at the start of the course.
2. Use the evaluation scale approved by the faculty.
4. Observation of teaching activities with assigned patients using the established indicators.
5. Evaluation of documentation which evidence professional interventions required in the course.
6. Written quality project shared with the personnel in the assigned areas and presented orally.
7. Utilization of the web as support for clinical work.
9. * (NIC 6540) Infection control and *(NIC 7460) protection of patients rights - interventions that are considered critical pre-requisites throughout the entire course. A violation of the principles represents a high risk for the patient and to ones self by violating ethical, legal
and care standards; which implies not approving the class from the moment there has been a 
violation to these principles.

**Special accommodations in the course:** if for any physical, psychological, social, language, religious or other reasons, you understand that you have special needs in this course, you are invited to talk to your professor so that together you can explore special accommodations that will let you comply with the requisites of the course.

VIII. REFERENCES:

**BOOKS:**

**JOURNALS:** Will be used according to availability in the nursing department.

**Available nursing journals:**
1. Nursing
2. RN
3. Nursing Clinics of North America
4. Rehabilitation Nursing
5. International Journal of Nursing Studies
6. Impulso de PR
7. Nursing Outlook
8. Journal of Advance Nursing

**Journal with web access**
1. Cardiovascular Nursing (Uncover, U)
2. Geriatric Nursing (U)
3. Journal of Gerontological Nursing (U)
4. Patient Care (Health Reference Center, HRC)
5. Journal of Cardiovascular Nursing (HRC)
6. Medical Surgical Nursing (HRC)
7. Nursing diagnosis (HRC)
8. Nursing Economics (HRC)
9. Journal of the Association of Nurses in AIDS Care (HRC)
10. Pediatric Nursing

**Electronic data base:**

**U=Uncover**

HRC=Health Reference Center

**ELECTRONIC DATA BASE:**
The following data base can be accessed through the web from the CAI, or from your house from your computer at the following address: [http://www.cai.inter.edu/bases.htm](http://www.cai.inter.edu/bases.htm).

To access from your home you need to register at the CAI to obtain the password.

- **Health Reference Center**
- **CINAHL**
- **ProQuest**
- **ACADEMIC RESEARCH LIBRARY**
- **ProQuest Nursing Journals**
**Evaluation of the critical intervention of the course:**

Due to the importance of the actual scenario in nursing and the difficulties that are found in the different service systems, the documentation intervention will be used to effectively evaluate all of the critical interventions of the course, since "what you have not written, has not been done". Even though the interventions can be applied to any patient, for evaluation purposes, it is recommended that you use the following table as a guide, since these clients more frequently facilitate the application of the interventions. In the following table are the summarized interventions that you will use with the adult and pediatric client specifically. The interventions that will be evaluated with both clients in your professional practice are very important.

<table>
<thead>
<tr>
<th>NIC</th>
<th>Adult</th>
<th>Pediatric</th>
<th>Clinical learning strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interventions which will directly evaluated with assigned patients:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. NIC (2300) Administration of medication (emphasis given to the evaluation component)</td>
<td>X</td>
<td>X</td>
<td>Assignment of adult or pediatric patients, according to the required intervention application:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>❑ Mayor frequency health problems; and</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>❑ Present collaborative o diagnostic problems pertinent to the application of these interventions.</td>
</tr>
<tr>
<td>2. NIC (5606) Patient teaching</td>
<td>X</td>
<td>X</td>
<td>Should be documented in the patients chart and signed by the professor or the preceptor.</td>
</tr>
<tr>
<td>3. NIC 7330 Cultural intermediation and NIC (5420) Spiritual support</td>
<td>X</td>
<td></td>
<td>The student should keep a copy for the portfolio, protecting the patients name with initials.</td>
</tr>
<tr>
<td>4. NIC (7370) Discharge planning</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>5. NIC (7050) (7052) Promote child/adolescent development</td>
<td>X</td>
<td></td>
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<tr>
<td>Reasoning interventions that will be evaluated through the diagnostic and therapeutic process:</td>
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<tr>
<td>6. NIC: (6610) Risk identification</td>
<td>X</td>
<td>X</td>
<td>❑ These interventions will be integrated and evidences applying the nursing process with the patients assigned in every day of practice.</td>
</tr>
<tr>
<td>7. NIC (6650) Clinical vigilance</td>
<td>X</td>
<td>X</td>
<td>❑ Evidence in portfolio of written evaluation assessment.</td>
</tr>
<tr>
<td>8. NIC (7920) Documentation</td>
<td>X</td>
<td>X</td>
<td></td>
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<tr>
<td>Interventions that will be evaluated in the management and leadership role:</td>
<td></td>
<td></td>
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<tr>
<td>9. NIC (7830) Personnel supervision</td>
<td>U</td>
<td>U</td>
<td>❑ Application of these interventions to the leadership role.</td>
</tr>
<tr>
<td>10. NIC (7800) Quality monitoring</td>
<td>U</td>
<td>U</td>
<td>❑ Can be any group of patients: adult or pediatric.</td>
</tr>
</tbody>
</table>

Total critical interventions: 11

10  10
### Critical interventions of the course associated with the nursing process

<table>
<thead>
<tr>
<th>Nursing process</th>
<th>NIC: Interventions are integrated according to the nursing process and those previously studied.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assessment</strong></td>
<td><strong>1. NIC: 6610 Risk identification</strong>&lt;br&gt;• Aspiration&lt;br&gt;• Falls&lt;br&gt;• Immunizations&lt;br&gt;• Physical harm&lt;br&gt;• Alcohol use&lt;br&gt;• Cancer&lt;br&gt;• Use of drugs&lt;br&gt;• Hearing damage</td>
</tr>
<tr>
<td><strong>2. NIC 6650 Clinical Vigilance:</strong>&lt;br&gt;Health Assessment: interventions that are integrated through clinical vigilance.</td>
<td><strong>• NIC 3350 Respiratory monitoring&lt;br&gt;• NIC 3590 Skin care&lt;br&gt;• NIC 4130 Fluid monitoring&lt;br&gt;• NIC 2020 Electrolyte monitoring&lt;br&gt;• NIC 1920 Acid-base monitoring</strong></td>
</tr>
<tr>
<td><strong>Diagnostic</strong></td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Planning/Implementation</strong></td>
<td><strong>3. NIC 7370 Discharge planning&lt;br&gt;4. NIC (2300) Administration of medications&lt;br&gt;5. NIC (8272 ó 8274) Promote development: child/adolescent&lt;br&gt;6. NIC (5606) Patient teaching&lt;br&gt;7. NIC 7330 Cultural intermediation and NIC (5420) Spiritual support</strong></td>
</tr>
<tr>
<td><strong>Evaluation</strong></td>
<td><strong>8. NIC (7920) Documentation&lt;br&gt;9. NIC (7800) Quality monitoring&lt;br&gt;10. NIC (7830) Personnel supervision</strong></td>
</tr>
</tbody>
</table>

**List of critical interventions (Revised, August, 2007)**

1. NIC: (6610) Risk identification
2. NIC (6650) Clinical vigilance
3. NIC: (7920) Documentation
4. NIC 7330 Cultural intermediation and NIC: (5420) Spiritual support (integrated to centralize on patient)
5. NIC: (2300) Administration of medications (emphasis on evaluation component and patient security)
6. NIC: (7370) Discharge planning
7. NIC: (5606) Patient teaching
8. NIC (8272 ó 8274) Promote development: child/adolescent
9. NIC: (7830) Personnel supervision
10. NIC: (7800) Quality monitoring

**Rev. Julio, 2007**

**P. Santiago, RN, MSN**